

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32261**

FILED NOV 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1162**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>d.d.a. Missouri Meth. Hospt.</b>		e. STREET ADDRESS (If rural, give location) <b>6518 Penn St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>R</b> c. (Last) <b>Fisher</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 30, 1955</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 3, 1909</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>27</b>	IF UNDER 24 HRS. Hour <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Fisher Meat Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Kansas</b>	12. COUNTRY OF WHAT COUNTRY? <b>U. S. A</b>			

13a. FATHER'S NAME <b>J. C. Fisher</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Ragan</b>	14. NAME OF HUSBAND OR WIFE <b>Angelia M. Fisher</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>497-36-9270</b>	17. INFORMANT'S SIGNATURE FOR NAME ADDRESS <b>Angelia M. Fisher 6518 Penn St. Kansas City, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Basal skull fracture, bruise on right chest and laceration on left occipit of scalp</b> ANTECEDENT CAUSES <b>Automobile accident</b> DUE TO (b) <b>Automobile accident</b> DUE TO (c) <b>Man was injured while riding in an automobile being driven by another person on U.S. Highway # 71 near Faucett, Mo.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Hospital was dead on arrival at Mo. Methodist Hospital, St. Joseph, Mo.</b>		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>U.S. Highway # 71</b>	21c. (CITY OR TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Crawford Buchanan Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct. 30, 55 2:20p</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Automobile left highway and struck a bank.</b>

22. I hereby certify that I ~~viewed~~ **viewed** the deceased ~~on~~ **on** **Oct. 30, 1955**, to **2:20p**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. F. Mundy, M.D., Coroner</b>	23b. ADDRESS <b>St. Joseph, Mo. 2801 Sacramento</b>	23c. DATE SIGNED <b>Oct. 30, 55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct. 30, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mellody McGilley Funeral Home</b>
DATE REC'D BY LOCAL REG. <b>Nov 3, 1955</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
25. FUNERAL DIRECTOR'S SIGNATURE <b>Clark Funeral Home</b>		ADDRESS <b>St. Joseph, Mo.</b>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*James A. Clark*

Licensed Embalmer No.....

P. O. Address.....  
*St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).**  
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.